

2014-15 College and University Flu Vaccination Challenge CAMPAIGN ENROLLMENT FORM

www.surveymonkey.com/s/fluchallengeenrollment

FOR OFFICE USE ONLY					
Entered By:					
Date Entered:					
County:					
County IAP:					
Field Rep:					
MCIR Rep:					

HEALTH CENTER CONTAC	T INFORMATION (PLF	ASE DRINT)						
INSTITUTION NAME	THEORIMATION (FEE	ASL FRINT						
STREET ADDRESS		CITY			ZIP CODE			
MAILING ADDRESS (If Differe	ent)			C	CITY		ZIP CODE	
PHONE NUMBER	FAX NUMBER	FAX NUMBER			MCIR ID (IF AVAILABLE))		
PRIMARY CONTACT NAME & TITLE (FOR THIS CAMPAIGN)			PHONE			EMAIL		
ADDITIONAL HEALTH CENTER CONTACT			PHONE			EMAIL		
						52441		
ADDITIONAL HEALTH CENTER CONTACT			PHONE			EMAIL		
BACKGROUND						l l		
HOW MANY DOSES OF FLU \	ACCINE DID YOU ORDER	R AND ADMINIST	ER DURING THE:					
2012-13 FLU SEASON	ORDERED:	ORDERED: ADMINIS			COMMENTS (for example: reasons for expired or wasted vaccines; justification for number of doses ordered):			
2013-14 FLU SEASON	ORDERED:	A	MINISTERED:					
2014-15 FLU SEASON	ORDERED:							
TRIVALENT SHOT	(IIV3), INCLUDING INTRA	Adermal	QUADRIVALE	NT SHOT (II	IV4)	QUADRIVAI	LENT NASAL SPRAY (LAIV4)	
IF KNOWN, WHAT WAS TI POPULATION FOR THE PA		COVERAGE RAT	E (PERCENT OF ALL S	TUDENTS	VACCINA	ATED AGAINST FLU) AN	MONG YOUR STUDENT	
2012-13 FLU SEASON	COVERAGE (%):		ETHOD USED TO CALCU	JLATE (e.g.,	, student .	self-report, health center	r records, EHR data, MCIR data,	
2013-14 FLU SEASON	COVERAGE (%):		,					
PROVIDER PROFILE				_				
HOW MANY PATIENTS DO YO TYPICAL SCHOOL YEAR?							TEGIES HAVE WORKED ON YOUR	
HOW MUCH DO YOU CHARG		C INCLUDING :	NV HAIIVERSITY		CAMPUS T	O GET MORE STUDENTS	S VACCINATED AGAINST THE FLU?	
WHAT INSURANCE PLANS DO PLANS THAT MAY BE OFFERI		s, including A	NY UNIVERSITY					

When form is completed, email to LondoC1@michigan.gov or fax to 517-335-9855 (Attention: Courtnay Londo)